

APPLICATION FOR THE NEUROSCIENCE CERTIFICATION AWARD

NAME: _____
(Ms, Mrs. Miss, Mr., Sir) (Surname) (First Name) (Middle Name)

ADDRESS: _____

PHONE: (Business): _____ (Home): _____

EMAIL: _____

C.A.N.N. Membership number: _____

Educational Preparation (attach CV as desired):

Employment History (attach CV as desired):

Are you applying or have you received monies from other sources of funding?
 No Yes If yes, name sources and amounts received. _____

Declaration by Applicant:

To the best of my knowledge, the information provided above is accurate and truthful. If successful, I agree to write a letter to the editor for the next addition of CJNN regarding receipt of this award.

Signed: _____ **Date:** _____

Please return to: Professional Practice Portfolio Chairperson, C.A.N.N.
Email: canninfo@cann.ca

**THE NEUROSCIENCE CERTIFICATION AWARD
PROFESSIONAL REFERENCE**

Please complete both sections I and II (typed or printed)

APPLICANT: _____

SECTION I

Rate the applicant on the following items A through I using the numeric score provided. **5 = outstanding, 4 = above average, 3 = average; 2 = below average; 1 = poor; 0 = inadequate**

- A. Interest in nursing as a career.
- B. Quality of performance in nursing
- C. Intellectual ability
- D. Emotional maturity
- E. Ability to express herself/himself orally
- F. Ability to express herself/himself in writing
- G. Ability to exchange and share ideas with others
- H. Ability to work effectively with others.
- I. Perseverance required to achieve one's goal.

SECTION II

Based on your knowledge of the applicant, describe any outstanding characteristics or limitations, which you consider of special significance. _____

How long have you known the applicant? _____ Years

In what capacity? _____

Signature: _____

Position: _____

Date: _____

Address: _____

**Please return to: Professional Practice Portfolio Chairperson, C.A.N.N.
Email: canninfo@cann.ca**